

Bonding: A Simple Wonder

Bonding is simple enough, but not always easy; it can happen but may not; and, as wondrous as it is, some have misunderstood the idea and made it seem unnecessary.

By David B. Chamberlain, Ph.D.

Growing out of the loving heart-connection mothers and fathers have with each other is their heart-connection to the babies they co-create. When conception occurs, parents naturally turn their thoughts to the baby who is coming to join them. Even if they are initially surprised (which is frequently the case) they usually adjust quickly, embrace the child emotionally, celebrate, and begin to re-organize their lives around this big event. The scientific word for this process is bonding.

In 1976, this new word made a quiet entrance onto the world stage in the title of a book, *Maternal-Infant Bonding* by two American professors of pediatrics, Marshall Klaus and John Kennell. With updated publications in 1983 and 1995 the revolutionary importance of this concept became clear and today it is a household word in every language around the globe. Yet, people still ask, What is it? Is bonding real, true and necessary? And finally the practical question, How can we do it?

Bonding is as simple (and mysterious) and as easy (or difficult) as love itself. Normally, the love of parents for their babies is effortless and spontaneous, but, as Klaus and Kennel noted a quarter century ago, things can interfere with that precious connection and as a result, life can take off in the wrong direction. It's a fact: Some mothers and fathers never do form that expected attachment. Instead they say they feel unrelated to that particular child, although they don't know why. They can spend years anxiously searching for some way to establish the heart-connection that somehow failed at the beginning.

Failure to bond can indeed have painful consequences. An unexplainable lack of closeness casts a shadow over their daily relationships. Intimacy and genuine friendship seems beyond reach. As much as they try to please each other, a gap still separates them. Other kinds of damage can be subtle. Klaus and Kennell discovered mothers, separated from babies for an extended period after birth, were left wondering if they really did have a child because the birth was more like a dream. They wondered if the hospital had given them the correct baby.

In unbonded mothers, breastfeeding was less successful, or if chosen, was prematurely short. These mothers appeared awkward rather than confident and had trouble learning the routines of everyday baby care. In more extreme cases, irritability and anger toward the baby grew into child abuse. Babies of unbonded mothers were more likely to return to the hospital injured. A study of 8,000 women in 1994 showed that unwanted babies had two and a half times the risk of dying in the first 28 days after birth. Babies of unbonded mothers may unexplainably fail to thrive or become ill. A series of clinical studies in California during the last decade discovered a significant correlation between apparent bonding failures and the occurrence of asthma in the children. Such facts show that bonding is a profound reality and carries a variety of hidden consequences for good or for ill.

When first introduced, bonding literature emphasized the importance of a "critical period" immediately surrounding birth, when a chain of miracles, previously left entirely to Mother Nature, would be taking place. Body chemistry associated with labor and delivery brings mothers and babies into intimate contact, where the mere touch of a baby's lips to the nipple inspires a cascade of love hormones which bless both mother and baby. These hormones trigger expulsion of the placenta, help close and heal the uterus, reduce postpartum bleeding, and facilitate the initial flow of priceless colostrum and mother's milk. Meanwhile, the feeding baby would be in a rare "quiet alert" state that favors rapid learning and personal encounter for an hour or so after birth—before lapsing into long periods of sleep. During this narrow window of opportunity, baby and

mother, if undisturbed, are entranced by mutual gazing, and experience pleasurable physical sensations and emotions amplified in the new environment outside the womb. Many facts of this kind pointing to the complex orchestration of life at birth gave bonding its wonder and urgency.

Such positive and natural sequences in birthing were the norm for most humans until the mid-20th century, when birth was suddenly moved from homes to hospitals, from care by midwives (mostly women) to care by doctors (mostly men), and from communal practices to medical protocols. These wrenching changes were more than a change in location; philosophy and practice changed as well. Birth was to become “managed care” by professionals outside the family who made (and enforced) all the rules. A veil of secrecy fell over birth as fathers, relatives and friends were forbidden to participate. For a generation, only nurses and doctors knew what happened behind closed doors at birth, effectively canceling any natural education of children, young women, mothers and other potential support for future births. Hospital rules sent babies to nurseries immediately after delivery, often before mothers or fathers could see or touch them. The kind of privacy for the new family to interact with each other—a feature of birth from the beginning of time—was swept away as separation and isolation became a top priority.

Historically, when the arguments for bonding were first introduced in the 1970s, the brazen medical takeover of birth was at its zenith, having rendered parents powerless and made natural birth all but impossible. Birth as a “scientific” process had stripped away most of the human and personal meanings which nourished men and women for thousands of years. Violated were the essential psychological needs of both parents and babies.

If you wonder how such a radical new culture of birth could rise so rapidly, you will have to reckon with the enormous power and appeal of science in the 20th century. Add to this the undercurrents of fear always associated with the uncertainties of birth and you can appreciate that people wanted to look to science for a guarantee of safe and perfect birth—an illusion that has not yet been fully recognized.

Another facet of science helps to explain the sudden deconstruction of traditional birthing. During the late 19th century rise of scientific study of the nervous system and the scientific analysis of gestation, birth, and infancy, an over-confident science (this includes both medicine and psychology) taught that babies were essentially without physical senses and without mind.

Babies, the experts insisted, were not yet capable of pain and even if they seemed to be in pain, it was only a reflex, not a personal experience. This reasoning was used to justify major surgery in babies without pain-killing anesthetics. This practice was not seriously challenged until 1986. To make things worse, authorities announced that babies could not possibly recall anything of their experiences in the womb or at birth—whether they were very good or very bad experiences! Psychologists actually taught that newborns would not know their mothers as mothers but only as objects in a world of other objects.

Given this set of beliefs--all proven false since then--neither doctors nor parents had any cause to worry about a baby having bad experiences before or after birth. Because they were virtually deaf, dumb, and blind, obstetricians could treat them in any way that was considered necessary. Unfortunately, these views found their way into the routine treatment protocols followed by most obstetricians today. A little later, the treatment protocols of the new specialty of neonatology, designed to be used with the youngest, most fragile babies, were constructed on the same false foundation. After all (they reasoned) if a baby had no senses and no psyche, how would it know it was having multiple needle punctures, cut downs and surgeries without pain-killing anesthesia? And how could a baby know the difference between a breast and a bottle?

Many parents around the world were tempted to accept the new medical way of birth without question. From our perspective today, it is an unhappy fact that mothers and fathers rarely rebelled when experts advised them to give up rocking chairs, to give up normal labor for surgical delivery, to substitute cow's milk for breast milk, to feed babies on a strict schedule rather than when they were hungry, to ignore babies when they cried, and to create nurseries at home like those in the hospital. Today, this bad advice has been largely repudiated and most babies are spared the needless suffering they endured a half century before.

Hopefully, parents around the world today are more independent in their thinking and more ready to treat a baby (of whatever age) as a human being. Moreover, I hope they will avoid the common misconception of bonding as a quick-drying epoxy that could cement a family together only if applied during the hour after birth. (In the late 1970s, at a meeting convened by the American Medical Association, doctors actually decided that ten minutes was sufficient time to allow for bonding after birth, an amusing example of the epoxy theory of bonding held by physicians.)

As we now understand, bonding is not restricted to any one time period. Clearly, heart-connections can forcefully begin before conception or anytime afterward, meaning love is welcome at any time during pregnancy, and, of course, is completely appropriate in the moments after birth when the combination of physiological and psychological forces are so auspicious. This truth is especially important for adopting parents who are arriving late in the process. Ideally, all the parties involved in an adoption should take care to provide heart-felt love to the baby at the earliest possible date.

This kind of reasoning rests on new and accumulating evidence that babies share with us the mysterious gift of human consciousness regardless of their age and physical limitations. They are able to receive and respond to the heart-connection we call bonding at any time, and the sooner the better. This understanding, although it contradicts traditional theories of developmental psychology, is coherent with the discoveries that voluntary body movement, personal expression, and sensory development all occur much earlier than previously predicted; that learning and memory are integral to each other and function long before the brain parts which are used to explain them. As the study of twins in utero now proves, babies are capable of relating intimately to a twin, and must be equally capable of bonding with a parent.

These data are also coherent with the evidence that babies sense telepathically whether they are wanted and loved and can receive and respond to urgent communications during amniocentesis, intrauterine surgery, labor, or during difficult procedures in Neonatal Intensive Care. This new information about the behavior of babies takes us into a realm of mind and spirit that is demonstrated early in gestation.

Parents who are ready to step into this 21st century frame of understanding of baby consciousness can assume their babies are already endowed with the profound intelligence needed for bonding.

How can parents achieve this bond? They can just start singing lullabies to them or start sending those intentional and explicit messages of welcome and love, heart to heart. They can make the quantum leap in their own minds by believing that bonding is a channel of communication that can bear all sincere and earnest messages. Then they can wait and watch for the silent messages that start coming back from the baby.